STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/08/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR STREET CASPER, WY 82601

4/17/06

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		

Surveyor #: 18185
The regulatory reference is 42 CFR 483.70 (a) except where a different regulation may be specifically referenced.

K3: Building: Type V (111) single story building with a complete supervised automatic wet and dry sprinkler system and fire alarm system.
K6: Date of Plan Approval: 1992
K7: Life Safety Code surveyed under 2000 Existing Health Care
K8: Total Beds=120;SNF/NF=120
K9: The facility meets the Life Safety Code standards based on an acceptance of a plan of corrections

"NFPA" National Fire Protection Association

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by the provisions of federal and state law.

K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	K018 It is the practice of the facility to ensure doors protect the corridor system in accordance with NFPA 101. A. Smoke seal has been applied to doorframes of rooms #107 and #206 to eliminate the gap between the top of the door and the doorframe by the maintenance staff. Self-closing devices have been adjusted on the men's restroom door in the service corridor and the beauty shop door by the maintenance staff.	4/17/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Melissa Spencer, NHA — Executive Director — 3/31/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to protect the corridor system in accordance with NFPA 101 Section 19.3.6.3 and 4.6.12.2 respectively. The findings were: 1. On 03/08/06 between 8:55 AM and 3:51 PM observation revealed the following corridor doors had gaps between the top edge of the doors and the door frames which were greater than the allowed 1/8 th of an inch: a. Resident room #107 b. Resident room #206 2. The following doors were observed between 3:31 PM and 3:51 PM on 3/7/06 to lack self-closing devices which fully latched the doors into the frames: a. The mens' restroom in the service corridor b. The beauty shop	K 018	B. The maintenance supervisor will complete an inspection of all doors in the facility by April 7, 2006 to determine if all doors are in compliance. Any identified problems will be corrected. C. Doors will be inspected for proper closure and gaps on a quarterly basis by the maintenance supervisor or designee. Any identified problems will be corrected. D. The maintenance supervisor will record the results of the quarterly inspections of doors and any corrective actions taken on an audit tool. The results of the audits will be reviewed at the monthly quality assurance safety meeting.	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to	K 038	K038 It is the practice of the facility to ensure that exits are readily accessible at all times. A. The maintenance supervisor will place a sign on the Special Care Unit exit door that states: "Push until alarm sounds, door can be opened in	4/17/06

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K 038	Continued From page 2 maintain an egress corridor system in accordance with NFPA 101 Section 7.2.1.6.1. The findings were: 1. Observation on 03/08/06 at 8:38 AM revealed the Special Care Unit exit door was equipped with a delayed-egress lock. The door did not have a sign on the door adjacent to the release device with letters not less than 1 in. high on a contrasting background which read PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS as required by the Code.	K 038	15 seconds." By April 7, 2006. B. The exit door on Special Care Unit is the only delayed egress door in the facility. C. Facility exits will be inspected monthly by the maintenance supervisor or designee to determine if they are readily accessible. Any problems identified will be corrected. D. The maintenance supervisor will record the results of the monthly inspections of exits and any corrective actions taken on an audit tool. The results of the audits will be reviewed at the monthly quality assurance safety meeting.	
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observations, the facility failed to provide exit discharge lighting fixtures to prevent the loss of illumination if a single bulb failed for 1 of 11 exits in accordance with NFPA 101 Section 19.2.8. The findings were: 1. Observation on 03/07/06 at 8:10 PM revealed that Exit #2 had one of two lighting fixtures that was not illuminated.	K 045		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	K 046		

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K 038	Continued From page 2 maintain an egress corridor system in accordance with NFPA 101 Section 7.2.1.6.1. The findings were: 1. Observation on 03/08/06 at 8:38 AM revealed the Special Care Unit exit door was equipped with a delayed-egress lock. The door did not have a sign on the door adjacent to the release device with letters not less than 1 in. high on a contrasting background which read PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS as required by the Code.	K 038		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observations, the facility failed to provide exit discharge lighting fixtures to prevent the loss of illumination if a single bulb failed for 1 of 11 exits in accordance with NFPA 101 Section 19.2.8. The findings were: 1. Observation on 03/07/06 at 8:10 PM revealed that Exit #2 had one of two lighting fixtures that was not illuminated.	K 045	K045 It is the practice of the facility to provide exit lighting fixtures that prevent loss of illumination. A. The maintenance supervisor replaced the lighting fixture at exit #2 so that proper illumination is provided on 3/8/06. B. Exit lighting fixtures will be inspected by the Maintenance Supervisor before 4/7/06 to determine if both bulbs provide illumination. Any identified concerns will be corrected. C. Facility exit discharge lighting fixtures will be inspected monthly by the maintenance supervisor or designee to determine if they provide proper illumination. Any problems identified will be corrected.	4/17/06
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	K 046		

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4/11/06

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K 038	Continued From page 2 maintain an egress corridor system in accordance with NFPA 101 Section 7.2.1.6.1. The findings were: 1. Observation on 03/08/06 at 8:38 AM revealed the Special Care Unit exit door was equipped with a delayed-egress lock. The door did not have a sign on the door adjacent to the release device with letters not less than 1 in. high on a contrasting background which read PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS as required by the Code.	K 038	D. The maintenance supervisor will record the results of the monthly inspections of exit discharge lighting and any corrective actions taken on an audit tool. The results of the audits will be reviewed at the monthly quality assurance safety meeting.	
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observations, the facility failed to provide exit discharge lighting fixtures to prevent the loss of illumination if a single bulb failed for 1 of 11 exits in accordance with NFPA 101 Section 19.2.8. The findings were: 1. Observation on 03/07/06 at 8:10 PM revealed that Exit #2 had one of two lighting fixtures that was not illuminated.	K 045		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	K 046	K046 It is the practice of the facility to provide emergency lighting of at least 1&1/2 hour duration.	4/17/06

B

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K 046	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review, the facility failed to test the emergency battery light system in accordance with NFPA 101 Section 7.9.3. The finding was: 1. Review of maintenance records for the emergency battery lights revealed the annual 90 minute emergency battery light tests had not been conducted from the date the lights were installed. The emergency battery lights were installed at the emergency transfer switch and at the outdoor generator.	K 046	A. The maintenance supervisor on 3/10/06 conducted a 90-minute emergency battery light test. B. The maintenance supervisor before 4/07/2006 will test the emergency battery light system at both the emergency transfer switch and the outdoor generator. C. The maintenance supervisor will continue to conduct a 30-minute emergency light test monthly and will conduct a 90-minute emergency light test annually. If any problems are identified they will be corrected. D. The maintenance supervisor will record the results of the annual inspection of emergency battery lighting and any corrective actions taken on an audit form. The results of the test will be reviewed at the monthly quality assurance safety meeting.	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain 2 of 14 exits signs in accordance with NFPA 101 Section 7.10.5.2. The findings were: 1. The following exit signs were not maintained to ensure both light bulbs were continuously illuminated: a. On 03/07/06 at 3:41 PM, sign #37 by the administrator's office b. On 03/08/06 at 9:16 AM, sign #21 near unit #2 nurses' station	K 047		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

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K 046	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review, the facility failed to test the emergency battery light system in accordance with NFPA 101 Section 7.9.3. The finding was: 1. Review of maintenance records for the emergency battery lights revealed the annual 90 minute emergency battery light tests had not been conducted from the date the lights were installed. The emergency battery lights were installed at the emergency transfer switch and at the outdoor generator.	K 046		
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain 2 of 14 exits signs in accordance with NFPA 101 Section 7.10.5.2. The findings were: 1. The following exit signs were not maintained to ensure both light bulbs were continuously illuminated: a. On 03/07/06 at 3:41 PM, sign #37 by the administrator's office b. On 03/08/06 at 9:16 AM, sign #21 near unit #2 nurses' station	K 047	K047 It is the practice of the facility to provide exit and directional signs with continuous illumination also served by the emergency lighting system. A. Bulbs were replaced in the exit sign #37 by the administrator's office and sign #21 by the unit 2 nurse's station by the maintenance staff on 3/10/06. B. All exit signs will be inspected by the maintenance supervisor to determine if both bulbs are continuously illuminated by the maintenance supervisor before 4/07/06. Any problems identified will be corrected.	4/17/06
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

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K 046	Continued From page 3 This STANDARD is not met as evidenced by: Based on record review, the facility failed to test the emergency battery light system in accordance with NFPA 101 Section 7.9.3. The finding was: 1. Review of maintenance records for the emergency battery lights revealed the annual 90 minute emergency battery light tests had not been conducted from the date the lights were installed. The emergency battery lights were installed at the emergency transfer switch and at the outdoor generator.	K 046	C. Facility exit signs will be inspected monthly by the maintenance supervisor or designee to determine if they provide proper illumination. Any problems identified will be corrected. D. The maintenance supervisor will record the results of the monthly inspections of exit signs lighting and any corrective actions taken on an audit tool. The results of the audits will be reviewed at the monthly quality assurance safety meeting.	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain 2 of 14 exits signs in accordance with NFPA 101 Section 7.10.5.2. The findings were: 1. The following exit signs were not maintained to ensure both light bulbs were continuously illuminated: a. On 03/07/06 at 3:41 PM, sign #37 by the administrator's office b. On 03/08/06 at 9:16 AM, sign #21 near unit #2 nurses' station	K 047		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		

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K 056	Continued From page 4 If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations, the facility was not fully sprinkled as required by NFPA 13 Section 5-1.1 and 5-13.8.1. The finding were: 1. Observation on 03/07/06 at 3:21 PM revealed the exterior roof above the front entrance was not constructed of non-combustible or limited combustible material, was wider than 4 feet, and did not have sprinkler coverage. Observation showed the roof was 27 feet by 20 feet constructed of pine rafters with plywood sheathing.	K 056	K056 It is the practice of the facility to maintain an automatic sprinkler system that is in accordance with NFPA 13. A. Prior to the date of the survey the facility had obtained bids and had an approved capitol project in place to install additional sprinkler heads in the exterior roof above the front entrance. The scope of work and plans have been received from the contractor and were submitted to the Wyoming Office of Healthcare Licensing and Surveys on 3/28/06 for approval. The work is estimated to start on 5/01/06 with an estimated completion date of 6/30/06. Final inspection will be requested for an estimated date of 7/01/06 with an estimated final project completion date of 8/01/06. A request for a time limited waiver is being submitted with this plan of correction. B. The fire protection / sprinkler system vendor completed an inspection of the facility on 3/31/06 to determine if there were other areas of the facility which were not in compliance with NFPA 13. None were identified.	4/17/06
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen	K 075		

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K 056	Continued From page 4 If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations, the facility was not fully sprinkled as required by NFPA 13 Section 5-1.1 and 5-13.8.1. The finding were: 1. Observation on 03/07/06 at 3:21 PM revealed the exterior roof above the front entrance was not constructed of non-combustible or limited combustible material, was wider than 4 feet, and did not have sprinkler coverage. Observation showed the roof was 27 feet by 20 feet constructed of pine rafters with plywood sheathing.	K 056	C. An annual inspection of the fire sprinkler system will be conducted by a qualified vendor to assess compliance with life safety code. D. The maintenance supervisor will report results of inspections of the sprinkler system to the quality assurance safety committee monthly.	
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen	K 075	K075 The facility strives to ensure that soiled linen or trash collection receptacles do not exceed 32 gal in capacity. A. The combined 32-gallon soiled linen receptacle and 32 gallon trash receptacle has	4/17/06

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K 056	Continued From page 4 If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations, the facility was not fully sprinkled as required by NFPA 13 Section 5-1.1 and 5-13.8.1. The finding were: 1. Observation on 03/07/06 at 3:21 PM revealed the exterior roof above the front entrance was not constructed of non-combustible or limited combustible material, was wider than 4 feet, and did not have sprinkler coverage. Observation showed the roof was 27 feet by 20 feet constructed of pine rafters with plywood sheathing.	K 056	been removed from room 202 and 203 on 3/31/06 and replaced with smaller receptacles, which meet guidelines, by the maintenance staff. B. The maintenance supervisor or designee will complete an inspection before 4/07/06 of the facility to determine if there are any additional linen or trash receptacles that do not meet life safety guidelines. Corrective action will be taken as needed. C. Housekeeping staff will be educated on size and space limitations of linen and trash receptacles in resident rooms by the maintenance supervisor by 4/07/06. D. A random monthly audit of linen and trash receptacles in resident rooms will be conducted by the maintenance supervisor or designee. Results of the audit and corrective actions taken will be reported monthly at the quality assurance safety committee.	
K 075 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen	K 075		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/08/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR STREET, CASPER, WY 82601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 075	Continued From page 5 or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 This STANDARD is not met as evidenced by: Based on observations, the facility failed to limit the amount of soiled linen or trash collection receptacles in non-hazardous areas in accordance with NFPA 101 Section 19.7.5.5. The findings were: 1. Observation on 03/08/06 between 9:33 AM and 9:37 AM revealed the following locations each had a 32 gallon soiled linen receptacle and a 32 gallon trash collection receptacle stored within 64 square feet of each other: a. Resident room #202. b. Resident room #203.	K 075		
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that	K 143	K143 The facility strives to maintain an adequate space for transferring of oxygen in accordance with life safety code requirements. A. A liquid oxygen tank will be removed from the oxygen storeroom by the oxygen vendor so that there are no more than eight tanks present. This will be done prior to 4/7/06.	4/17/06

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/08/2006

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K 143	Continued From page 6 transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: Based on observations, the facility failed to provide an oxygen storage system in accordance with NFPA 99 Section 4-3.1.1.2. The findings were: 1. On 03/07/06 at 3:10 PM, the liquid oxygen storeroom had more liquid oxygen tanks than the 8 tanks allowed by the Code. The liquid oxygen store room had 9 tanks with a capacity of 103 lbs of liquid oxygen each.	K 143	B. There is only one oxygen storeroom in the facility. C. The maintenance supervisor has met with the oxygen vendor regarding storage capacity. They will limit the number of liquid oxygen tanks in the oxygen storage room to 8. D. The maintenance supervisor or designee will conduct random monthly inspections of the oxygen storage room to determine compliance with storage regulations. The results of the inspections and any corrective actions taken will be reported at the quality assurance safety committee monthly.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, the facility failed to provide an electrical system installed in accordance with NFPA 70 Section 110-27 and 400-8. The findings were: 1. Observation on 03/07/06 at 3:49 PM revealed the electrical receptacle cover near the television set in resident room #110 was damaged. 2. Observation on 03/08/06 at 9:55 AM revealed the power strip/surge protector in resident room	K 147	K147 The facility strives to ensure that electrical wiring and equipment is in accordance with life safety code requirements. A. The maintenance staff on 3/07/06 replaced the outlet receptacle cover in room 110. The maintenance staff on 3/08/06 replaced the damaged power strip in room 220. The maintenance staff on 3/07/06 removed the three-way adapter in room 118.	4/17/06

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/08/2006

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LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR STREET CASPER, WY 82601

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K 147	Continued From page 7 #220 had damaged electrical cords with exposed inner insulation at the plug. 3. Observation on 03/07/06 at 3:33 PM revealed resident room #118 had a three way adapter plugged into the electrical receptacle near the television set. The resident had one appliance plugged into the adapter.	K 147	B. A facility inspection of outlet receptacle covers, power strips, adapters and wiring will be completed by the maintenance staff by 4/07/06. Any identified problems will be corrected. C. Monthly inspections of electrical wiring and equipment will be conducted by the maintenance supervisor or designee. Corrective actions will be taken as needed. D. The maintenance supervisor will document results of the monthly electrical wiring and equipment inspections. The results of the inspections and corrective actions taken will be reported monthly to the quality assurance safety committee monthly.	